

OREGON STATE HOSPITAL

POLICY

SECTION 1: Administration **POLICY: 1.003**

SUBJECT: Incident Reporting

POINT PERSON: Director of Quality Management

APPROVED: Dr. Sara Walker

DATE: APRIL 23, 2024



Interim Superintendent

SELECT ONE: New policy

Minor/technical revision of existing policy

Reaffirmation of existing policy

Major revision of existing policy

I. PURPOSE AND APPLICABILITY

- A. This policy establishes Oregon State Hospital's (OSH) incident reporting system and incident review process requirements.
- B. This policy applies to all staff.

II. POLICY

- A. OSH staff must accurately report incidents in accordance with this policy. In response, OSH must conduct thorough investigations, prepare reports showing the tracking and trending of data, and implement and monitor corrective or preventative actions.
 - 1. Staff must follow reporting exceptions as outlined in Procedures A.
 - 2. OSH staff are required to engage in incident response investigations as requested. Managers must accommodate this request to support the OSH incident reporting investigative process, this includes making staff available to meet with investigative teams. Investigative teams include, but are not limited to CADM, RCA, IRSI, Safety and Security.
 - 3. Any of the following incidents must be reported:
 - a. Atypical seclusion and/or restraint, including hard shield use (Code Purple);

- b. Patient exposure (including a near-miss exposure) to a known allergen (peanut, milk, soy, medication, etc.);
- c. Code Blue;
- d. ER visit or admission of a patient for a non-planned medical concern;
- e. Non-approved ligature item found in a patient's possession or in an area where patients might have access to it;
- f. Unattended patient or Wandering patient;
- g. Patient entry into a staff-only area (Room Risk Level 1 per OSH policy 8.009, "OSH Safety Program");
- h. Medication diversion;
- i. Miss of a needed intervention or communication that should have happened which put the patient's condition (medical or psychiatric) at risk;
- j. Physical aggression toward patients, staff, or visitors with or without injury;
- k. Any patient injury;
- l. Significant medical findings related to a change in injury severity;
 - i. If there is an existing incident report, a second must be completed to report the change in patient injury severity.
 - ii. This includes patient injuries identified by outside providers. (i.e. a patient went to an outside medical appointment and was diagnosed with a fracture as a result of an incident that has already been reported with "wrist pain" indicated, a new incident report must be completed to reflect the change in severity of the injury)
- m. Patient self-harm, including suicide attempt, with or without injury;
- n. Patient Safety Event as defined in OSH Policy 2.012 "Sentinel Event"
- o. Patient falls as defined in OSH policy 6.046, "Fall Prevention Program;"
- p. Sexual contact and inappropriate sexual behaviors between patients or with a patient;
- q. Patient choking when attempting to swallow requiring medical intervention (abdominal thrusts included);
- r. Unanticipated patient death;
- s. Staff death while on duty;

- t. Security problems, crime, or suspicious events inside or outside the secure perimeter, including, but not limited to:
 - i. Events that require law enforcement, emergency medical services, or fire service response outside the secure perimeter only;
 - ii. Property loss or intentional damage inside the secure perimeter;
 - iii. Contraband;
 - iv. Patient possession of prohibited items, as defined in OSH policy 8.037, "Patient Property and Valuables: Handling and Storage;"
 - v. Reasonable suspicion of impairment or prohibited substance use by staff as outlined in OSH policy 5.001 "Drug and Alcohol- free Workplace:"
 - vi. Use of a prohibited substance by a patient;
 - vii. Unauthorized leave, significant or non-significant attempt of unauthorized leave as defined in OSH policy, 8.018, "Unauthorized Leave Events".;
 - viii. Alleged criminal acts, as defined in OSH policy 8.019, "Staff Response to Alleged Criminal Acts" including any acts defined by Oregon state as criminal;
 - ix. Sexual crimes or an inappropriate sexual behavior which if substantiated could be a violation of ORS 163.355 – 163.479 and 163.670 – 163.689;
 - x. Serious crime, which includes any crime that would be classified as a felony under Oregon Statute, or any person-to-person crime classified under Oregon Statute as a Class A Misdemeanor. This category does not include alleged criminal acts from a non-patient toward a non-patient; and
 - xi. Code Silver.
- u. Environment of care issues including, but not limited to:
 - i. The presence of hazardous materials without proper labeling, storage, or monitoring;
 - ii. Mechanical or technology system failure which has a potential impact on patient safety and security (i.e., sally port or door locking failures, phone or network outage, broken sprinkler head, broken security camera in a patient area, etc.);

- iii. Equipment failures that directly impact patient care;
 - iv. Code Orange;
 - v. Code Red;
 - vi. Missed sharps count;
 - vii. Missed viability checks as referenced in Nursing protocol 2.020, “Continuous Rounds, Census and Milieu (RCM) Management;” and
 - viii. Missed enhanced supervision checks.
 - v. Laboratory issues (i.e., mislabeled specimens, errors in specimen collection, errors in reporting results, delays in reporting, etc.)
 - w. Medication errors not associated with a patient, including narcotic count variances or medication found outside the medication administration process.
- B. A reportable incident which falls within established criteria will be investigated by the Critical Incident Review Panel as indicated by the committee charter.
- C. For reportable incidents involving patients (i.e. incident reports with patients listed as “subject”) an RN must assess the involved patient(s) when it is safe to do so and document the assessment in the Electronic Health Record. This assessment should consider elements appropriate to the nature of the incident, such as physical and psychological safety, access to prohibited items, and risk for recurrence.
- D. Reporting an Incident
- 1. Every staff who witnesses a reportable incident must promptly report the incident in the electronic OSH incident reporting system by the end of the staff’s current shift, but if not possible, by the end of their next scheduled shift.
 - a. In the event that a staff is injured during a patient aggression event, a separate incident report is required for both the staff and patient.
 - b. Staff injuries must also be reported using the electronic OSH incident reporting system and per OSH policy 5.012, “Reporting of Injuries and Illnesses.”
 - 2. Unless otherwise noted in this policy, every staff who witnesses a reportable incident must complete a separate incident report for each person involved in the reportable incident within one business day of the reportable event.

For example, in a patient-to-patient aggression incident where a staff member is injured, three incident reports would be required to be submitted by each person that witnessed the reportable incident – one for each patient involved and one for the injured staff.

3. Each incident report must identify the reporting staff's location at the time of the incident.
4. If the incident report includes information from another source, the reporting staff must provide the name of the outside source and indicate if they were a witness or an involved party.
5. Staff should report the incidents as indicated below as directed within applicable policies and not in the incident report system unless the event does involve reportable incidents as listed above.
 - a. A seclusion or restraint incident must be reported per OSH policy 6.003, "Seclusion or Restraint Processes."
 - b. An incident of alleged patient abuse must be reported per OSH policy 7.008, "Patient Abuse Allegation Reporting."
 - c. An incident involving patient protected health information must be reported per Oregon Health Authority policy 100-014, "Report and Response to Privacy and Security Incidents."

E. Incident Review

1. The Incident Review timeline is as outlined in Attachment A, with staff general guidelines as outlined in Attachment B.
2. Incident report response is internally processed by IRSI as the first step in the incident investigation process. Responsible parties shall be assigned actions per Procedures B for incidents within critical response criteria as outlined in Attachment B.
3. Upon receipt of the Incident Report, staff must complete of the Incident Review form as detailed in Procedures B. IRSI shall review completed forms and assign follow up actions for other local level investigations.
4. The OSH IRSI Department shall maintain the Incident Review Form contents and location. The OSH Critical Incident Investigators may make changes to the Incident Review Form as needed and with notice to staff.

- #### F. OSH Technology Services must maintain the electronic OSH incident reporting system, which must meet state and federal law and other regulatory requirements related to incident tracking and reporting.

- G. Oregon State Hospital (OSH) follows all applicable regulations, including federal and state statutes and rules; Oregon Department of Administrative Services (DAS), Shared Services, and Oregon Health Authority (OHA) policies; and relevant accreditation standards. Such regulations supersede the provisions of this policy unless this policy is more restrictive.
- H. Staff who fail to comply with this policy or related policy attachments or protocols may be subject to disciplinary action, up to and including dismissal.

III. DEFINITIONS

- C. "Abuse of illegal substance" means use of illicit substance based on reasonable suspicion to include confirmed urine analysis, eyewitness accounts, and/or substance testing.
- D. "Adverse event" means a patient safety event that resulted in harm to a patient. Adverse events should prompt notification of organization leaders, investigation, and corrective actions. An adverse event may or may not result from an error.
- E. "Assault" means intentionally, knowingly, or recklessly causing physical injury.
- F. "Atypical seclusion and/or restraint events" include when circumstances or outcomes of the event are outside of policy or procedure or where documentation presents possible use of excessive force. These events could include patient injury during the restraint, lack of proper orders, or activities outside of established policy and administrative rules.
- G. "Code Blue" is as defined in OSH policy 8.038, "Code Blue Medical Emergency." Code Blue means a request for immediate response to any apparent emergency medical condition that could be either potentially life threatening or life altering.
- H. "Code Orange" means a hazardous material spill.
- I. "Code Purple" means a hard shield has been requested.
- J. "Code Red" means a fire-related emergency.
- K. "Code Silver" means an armed intruder emergency.
- L. "Code Yellow" means an internal or external emergent situation.
- M. "Contraband" is as defined in OSH policy 8.044, "Contraband." Contraband is as defined in 28 CFR § 500.1 and 28 CFR § 553.12. Contraband means material prohibited by law, regulation or policy that can reasonably be expected to cause physical injury or adversely affect the safety, security, or good order of the facility or protection of the public. Items possessed by a patient ordinarily are not considered to be contraband if the patient was authorized to retain the item upon admission to the hospital, the item was issued by authorized staff, or the item was approved, purchased, and received for a patient through appropriate OSH-

approved channels. For the purposes of this policy, contraband includes, but is not limited to:

1. Hard contraband,
 2. Nuisance contraband, and
 3. Any substance or article that violates facility infection control requirements. Such substances or articles may be classified as either hard contraband or nuisance contraband, depending on the circumstance.
- N. "Criminal act" or "alleged criminal act" is as defined in OSH policy 8.019, "Staff Response to Alleged Criminal Acts." A criminal act or alleged criminal act, for the purposes of this policy, means an act or crime actually or allegedly committed by a person which violates a law and is punishable by the state or federal government. Such acts may include, but are not limited to, assault, vandalism, theft, threat to staff, supplying contraband into OSH, or suspicious activity on an OSH campus.
- O. "Hard contraband" is as defined in OSH policy 8.044, "Contraband." Hard contraband is as defined per 28 CFR 553.12, and is considered any item which threatens the safety, security, or good order of the facility or protection of the public which is not ordinarily approved for possession by a patient or allowed at the hospital. Examples of hard contraband include, but are not limited to:
1. Weapons,
 2. Intoxicants, controlled substances (per ORS 475.005), cannabis and products containing cannabis, drug paraphernalia (per ORS 475.525),
 3. drugs not prescribed to the patient, drugs not authorized by OSH (refer to OSH policy 6.055, "Medication Management"),
 4. Illegal substances or articles,
 5. Lighters or incendiary devices,
 6. Explosives,
 7. Unauthorized currency. Contraband does not include authorized currency possessed by a patient,
 8. Any substance or article that is likely to cause harm to patients or others, and
 9. Escape devices.
- P. "Hazardous condition" means a circumstance (other than a patient's own disease process or condition) that increases the probability of an adverse event. Also called "unsafe condition."

- Q. “Inappropriate sexual behaviors” include sexual contact, intimate/inappropriate touching, kissing, extended hand holding, full body hugs, hugs from behind, sexual conversations/statements, going off alone with another patient to be more intimate, other behaviors normally associated with sexual interactions or relationships, and/or any sexual or dating behavior the interdisciplinary treatment team deems as contraindicated for recovery.
- R. “Interdisciplinary treatment team (IDT)” for the purposes of this policy includes the patient, their guardian or representative and other persons important to the patient if applicable, discipline conduits, treatment care plan specialist (TCPS), and other clinicians responsible for specialized active treatment, as appropriate. The IDT is responsible to coordinate planning and oversight of a patient’s care and treatment.
- S. “Non-significant attempt of unauthorized leave” means a person tried an unauthorized leave but did not have the means, capability or opportunity to be successful. Examples include, but are not limited to:
1. A patient evades observation of staff while inside the secure perimeter but did not make it inside of a sally port.
 2. A patient walks away from a group on an on-grounds outing and staff redirect the patient without physical intervention and never leave OSH property,
 3. A patient is physically restrained while attempting to leave OSH property boundary when inside the secure perimeter. (NOTE: A patient physically restrained while attempting to leave OSH property boundary that has made it inside of a sally port qualifies as a significant attempt of unauthorized leave).
- T. Nuisance contraband” is as defined in OSH policy 8.044, “Contraband.” Nuisance contraband is as defined per 28 CFR 553.12, and includes any item other than hard contraband which has never been authorized, or which may be, or which previously has been authorized for possession by a patient, but whose possession is prohibited when it presents a threat to safety, security, or good order of the facility or protection of the public, or its condition or excessive quantities of it present a health, fire, or housekeeping hazard. Examples of nuisance contraband include, but are not limited to:
1. Prohibited items, as defined in OSH policy 8.037, “Patient Property and Valuables: Handling and Storage,” if possessed by a patient,
 2. Certain items as indicated on Attachment A of OSH policy 8.044 if possessed by a patient,
 3. Personal property no longer permitted for admission into the hospital or permitted for sale at the hospital,
 4. Altered personal property,

5. Excessive accumulation of items, newspapers, letters, or magazines which cannot be stored neatly and safety in the designated area;
 6. Food items which are spoiled or retained beyond the point of safe consumption; and
 7. Government-issued items which have been altered, or other items made from government property without staff authorization.
 - a. If such items may be defined as a weapon, those items are considered hard contraband.
- U. “Medication Diversion” is the distribution or abuse of prescription medications which is inconsistent with legal/medical guidelines or is not consistent with the intent of the medication order.
- V. “Off-grounds” is as defined in OSH policy 6.006, “On-grounds and Off-grounds Movement.” Off-grounds means any area outside the boundaries of the Salem and Junction City campus grounds.
- W. “On-grounds” is as defined in OSH policy 6.006. On-grounds means any area outside the secure perimeter (e.g., outside a sallyport), while still on the OSH campus (Salem or Junction City).
- X. “Patient Safety Event” means an event, incident, or condition that could have resulted or did result in harm to a patient. Patient safety events include adverse events, no-harm events, close calls, hazardous conditions, and sentinel events.
- Y. “Patient serious self-harm” includes an incident where a patient caused self-inflicted injury without an attempt to die and was referred to an emergency department at an outside medical facility to the OSH Clinic as warranted due to serious injury.
- Z. “Patient serious suicide attempt” includes an incident where a patient has made a substantial step toward ending his/her own life which would likely lead to death without intervention or which resulted in either serious injury, unconsciousness, or actual loss of life
- AA. “Physical aggression” in this policy means any assault or physical behavior that could result in injury, regardless of the severity. This includes incidents where no injury occurs and includes incidents such as spitting or throwing of bodily fluids or objects, even when no injury results.
- BB. “Prohibited item” is as defined in OSH policy 8.037, “Patient Property and Valuables: Handling and Storage.” Prohibited item means an item that has been determined to be potentially detrimental by the Program Executive Team (PET) for patients at a particular level of care.

CC. "Reasonable grounds" is as defined in OSH policy 8.044. Reasonable grounds is as defined in Oregon Administrative Rule (OAR) 137-090-0050 and means reasonable suspicion.

DD. "Secure perimeter" is as defined in OSH policy 6.006, "On-grounds and Off-grounds Movement." Secure perimeter means restricted high-security buildings, areas, and quads within the sallyport exits operated to manage movement of persons within the OSH campus. The secure perimeter areas include all quads, the ball field, and Medical Clinic.

1. The secure perimeter for Salem is per OSH policy 6.006, Attachment B, and includes the Kirkbride café, chart rooms on every unit, and the cubicle areas other than in Kirkbride building (floors 2-4).
2. The secure perimeter for Junction City is per OSH policy 6.006, Attachment C, and includes the Valley café, chart rooms on every unit, and the first floor cubicle area.

EE. "Sentinel event" (SE) as defined in OSH policy 2.012, is a subcategory of adverse events. A sentinel event is a patient safety event (not primarily related to the natural course of the patient's illness or underlying condition) that reaches a patient and results in death, severe harm (regardless of duration of harm), or permanent harm (regardless of severity of harm).

1. An event is also considered sentinel if it meets any of the criteria as described in OSH policy 2.012.

FF. "Severe harm" an event or condition that reaches the individual, resulting in life-threatening bodily injury (including pain or disfigurement) that interferes with or results in loss of functional ability or quality of life that requires continuous physiological monitoring and/or surgery, invasive procedure, or treatment to resolve the condition.

GG. "Sexual abuse" is as defined by ORS 430.735 (13). The definition of sexual abuse includes any incident which meets the definition of sexual assault, as well as incidents of non-consensual sexual behavior without sexual contact. An example of this includes but is not limited to exposing one's genitals to someone else without their consent. (If any sexual behavior occurs in which one party is a staff and the other is a patient, it is always considered assault or abuse, even if the patient asserts that they consented.)

HH. "Sexual assault" means an incident of sexual contact between patients, patient to staff, staff to patient or non-consensual staff to staff where criminal activity is

alleged to have occurred as defined by Oregon Criminal Code, including, but not limited to, non-consensual sexual intercourse or penetration, and those acts involving an alleged victim who lacks capacity to consent to sexual contact.

- II. "Sexual contact" for the purposes of crime reporting is defined by ORS 163.305 and means any touching of the sexual or other intimate parts of a person or causing such person to touch the sexual or other intimate parts of the actor for the purpose of arousing or gratifying the sexual desire of either party.
- JJ. Significant attempt of unauthorized leave" means a patient tried an unauthorized leave and had the means and capability to be successful but was not successful. Examples of a significant attempt of unauthorized leave include, but are not limited to:
1. A patient attempts to depart the secure perimeter and makes it inside a sally port but does not depart OSH secure perimeter.
 2. A patient is physically restrained while attempting to leave OSH property boundary when outside the secure perimeter.
 3. A patient attempts to scale a secure perimeter wall but does not exit the secure perimeter
- KK. "Staff" includes employees, volunteers, trainees, interns, contractors, vendors, and other state employees assigned to work at Oregon State Hospital (OSH).
- LL. "Unanticipated death" a patient death that could not be reasonably predicted based on known medical conditions, as determined by the Chief of Medicine or designee.
- MM. "Unattended/wandering" means a patient was found by staff in an area where they are not supposed to or expected to be in (on or off unit), the patient is without appropriate supervision within the secure perimeter and the event does not rise to any level of attempt of unauthorized leave.
1. Examples of unattended/wandering include, but are not limited to:
 - a. A patient gets left out of a staff count and unintentionally left behind.
 - b. A patient is found unescorted on a treatment mall during non-treatment mall hours.
 - c. A patient is found in a staff only area.
 - d. A patient is found in a treatment mall library without staff supervision.
- NN. "Unauthorized leave" means a patient:

- a. Successfully leaves OSH boundaries without reasonable ability for staff to pursue the patient, or
 - b. Leaves the supervision of staff without authorization and is out of the line of sight while outside the secure perimeter (this includes a patient overstaying an off-grounds pass).
- OO. "Weapon" is as defined in DAS 50.010.05, ORS 166.360, ORS 166.382, and OAR 309-108-0005 – includes but is not limited to:
1. firearm,
 2. any dirk, dagger, ice pick, slingshot, metal knuckles, improvised pointed or bladed instrument, or any similar instrument or knife, the use of which could inflict injury upon a person or property,
 3. mace, tear gas, pepper mace or any similar deleterious agent as defined in ORS 163.211,
 - a. As allowed per DAS policy 50.010.05, OSH has determined that mace, oleoresin capsicum (OC) self-defense spray, and less-than-lethal flashlights with mace or OC combination are not considered weapons if securely possessed and used exclusively by staff within provisions of this policy.
 - b. Visitors may not bring mace, oleoresin capsicum (OC) self-defense spray, or less-than-lethal flashlights with mace or OC combination into the secure perimeter.
 4. An electrical stun gun or similar instrument,
 5. A tear gas weapon as defined in ORS 163.211,
 6. A club, bat, baton, billy club, bludgeon, knobkerrie, nunchaku, nightstick, truncheon or any similar instrument, the use of which could inflict injury upon a person or property,
 7. A dangerous or deadly weapon as defined in ORS 161.015,
 8. This further includes any weapon, device, instrument, material or substance which under the circumstances in which it is used, intended or attempted to be used or threatened to be used, is readily capable of causing death or serious physical injury or specifically designed for and presently capable of causing death or serious physical injury.

IV. PROCEDURES

Procedures A Incident Reporting Exceptions

Procedures B Incident Report Response

V. ATTACHMENTS

Attachment A Incident Review Process Flowchart

Attachment B Critical Incident Grid

VI. RELATED OSH POLICIES AND PROTOCOLS

2.012 Sentinel Events and Root Cause Analysis

5.001 Drug and Alcohol Free Workplace

5.012 Reporting of Injuries and Illnesses

6.003 Seclusion or Restraint Processes

6.005 Deceased Patient

6.016 Sexual Activity Between Patients

6.046 Fall Prevention Program

7.008 Patient Abuse Allegation Reporting

8.009 OSH Safety Program

8.018 Unauthorized Leave

8.019 Staff Response to Alleged Criminal Acts

8.033 Workplace Violence Response

8.038 Medical Emergency (Code Blue)

8.040 Acute Milieu Emergency

8.044 Contraband

Incident Review Form [form]

Nursing protocol 2.020 Continuous Rounds, Census, and Milieu (RCM)
Management

VII. REFERENCES

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Joint Commission Resources, Inc. (2017). The joint commission comprehensive accreditation manual for hospitals, LD.03.09.01. Oakbrook Terrace, IL: Author.

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Oregon Administrative Rule § 407-007-0420.

Oregon Administrative Rule § 419-100-0010.

Oregon Administrative Rule 437-001-0015.

Oregon Administrative Rule § 437-001-0706.

Oregon Health Authority. Report and response to privacy incidents, OHA-100-014. Author.

Oregon Revised Statute § 163.305.

Oregon Revised Statute § 430.735.

Oregon Revised Statute § 654.416.

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